CITY OF CHARLESTON DEPARTMENT OF DESIGN, DEVELOPMENT & PRESERVATION URBAN DESIGN DIVISION
75 Callour Street Third Floor Charleston South Caroling 29401 843-724-3781 Fax: 843-724-3772 www.charleston.city.inf

75 Calhoun Street, Third Floo	or Charleston, South	n Carolina 29401	843-724-3781	Fax: 843-724-3772	www.charlestoncity.inf	
Property Address:			TMS No.:	TMS No.:		
Review request:	For:		Meeting d	Meeting date requested:		
□ Conceptual	☐ Alterations / Add	litions	□ Repairs (or repaint with no cho	anges	
□ Preliminary	□ New Constructio	n	□ Demoliti	on		
□ Final	□ Sign(s)	☐ Color Change	□ Appeal I	□ Appeal Decision of Urban Design Staff		
Property Owner:			Daytime p	Daytime phone:		
Applicant:			Daytime p	Daytime phone:		
Applicant's mailing add	dress:		<u> </u>			
City			State	Zip		
Applicant's relationship	: □ Owner	□ Design Professional	□ Contrac	tor 🗆 Real Estate Agent/Broker	□ Other	
In your own words describe what you are requesting:						
Submittal Requirements: Completed CCDRB application Application fee (only at initial review) Acopies of photographs of site, adjacent properties, and/or existing conditions at sufficient size for review (only at initial review) Shalf-size sets (or 3 half-size sets if Staff Review) of bound drawings. See CCDRB Submittal Requirements supplement for complete information. Contextual model if requested by Board or Urban Design Staff. INCOMPLETE APPLICATIONS WILL NOT BE INCLUDED ON A BOARD AGENDA.						
I hereby acknowledge by my signature below that the foregoing application is complete and accurate and that I am the owner of the subject property or the authorized representative of the owner. I authorize the subject property to be posted and inspected, and the application heard by the Commercial Corridor Design Review Board of the City of Charleston on the meeting date specified.						

date:

Applicant's signature:_

Print name legibly: _